

Biddulph Urban District

ANNUAL REPORT

of

*Medical Officer of Health
for 1952*



PREPARED BY:

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AND

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Sanitary Inspector





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STAFF

The Council undertook certain reorganisation of staff during the year. Mr. T. O. Harding, previously Surveyor and Water Engineer was appointed Water Engineer and Housing Estates Supervisor as from 17th April, 1952. The post of Engineer and Surveyor was advertised and Mr. J. M. Leighton, A.M.I.C.E., A.M.I.Mun.E., Chief Engineering Assistant, Borough of Stockton-on-Tees was appointed and took up his duties in April, 1952.

The question of office assistance to the Sanitary Inspector was finally approved during the year.

**TO THE CHAIRMAN AND MEMBERS OF THE
BIDDULPH URBAN DISTRICT COUNCIL**

I beg to submit, as your Medical Officer of Health, my Annual Report for 1952.

It has been prepared in accordance with Circular 2/53 issued by the Ministry of Health and follows the general lines of the reports of the past two years. No new statutory information has been required of Urban District Councils.

There has been a further rise in the population of Biddulph. The Registrar General's mid-year estimate is 10,970. This is higher than the 1951 censal population provisionally determined at 10,898. The number of persons per acre living in the Urban District is 1.6.

The principal statistics show a further slight fall in the birth rate to 13.8 per 1,000 of the home population, the lowest so far recorded; and a marked fall in the death rate from 13.9 per 1,000 to 11.7. Both these rates have been adjusted by the comparability factors and are now comparable with the crude rates for England and Wales (15.3 and 11.3 respectively) or with the corresponding adjusted rate for any other area.

The three chief causes of death were heart disease, apoplexy and cancer. Road and other accidents accounted for 3.4 per cent. of the total deaths. No child died as a result of any road accident. There has been a slight fall in the death rate from tuberculosis. One death occurred from poliomyelitis but there was no mortality from any of the commoner infectious diseases. Only three deaths occurred under one year of age. The infantile mortality rate of 22 per 1,000 registered live births is the second lowest rate ever recorded locally.

The report deals with most of the environmental problems. Housing progress has been noted under Social Conditions and in some detail under Section D of the report. The proportion of shop premises visited has increased during the year. Attention is directed in the report to the importance of clean food premises; the co-operation of shopkeepers is wholehearted. The individual has a part to play too. How he may assist is dealt with in Section B. The statutory obligations of the sanitary authority to maintain standards of hygiene in food shops have long been well known to the community. What is less well known is the responsibility the citizen has to keep up a high standard of personal hygiene in the handling of food if the attack rate of diseases attributable to unclean and ill-prepared food is to be kept low.

The expansion of the district and the progress of the conversion scheme have given prominence to the need for increasing the water supplies. The local authority has been concerned throughout this year how best to do this and at what outlay. Consideration has been given to two schemes. It is hoped that essential demands may be met by the adoption of a scheme to be completed within the next two years. The quality of the supplies has not been affected. Chlorination has been maintained continuously throughout the year. The supplies from the Biddulph Park and Nettlebeds areas have still a solvent action on lead. It is hoped to deal with these problems in the new schemes now under consideration.

The progress of the Council's conversion scheme is fully dealt with in Section C of the report under the heading "Sewerage and Sewage Disposal."

Measles was the only infectious disease to reach epidemic incidence. This year I have omitted from the report the graph showing the case incidence of diphtheria. Its usefulness has passed. Instead of stressing the incidence of this disease, which has been nil for several years, it seemed proper to deal factually with its prevention by immunisation. This has been done in Section F of the report dealing with infectious diseases. The response of parents to having their babies protected has been so poor this year—only 10 were immunised under one year of age—that a full appraisal of the present position seemed the better approach.

I have also discontinued the table summarising the work of the Public Health Laboratory, Stafford. In its place details have been given of its work in Section B of the report and comments made on its services, particularly in relation to milk sampling.

Food hygiene, the general sanitary supervision of the district and some aspects of the housing problem have been dealt with by the Sanitary Inspector to whom I am indebted for the assistance he has given me in the preparation of Sections C, D and E of the report.

JOHN FERGUSON, M.D., Ch.B.,

Medical Officer of Health.

June, 1953.

BIDDULPH URBAN DISTRICT

NATURAL FEATURES AND POPULATION

The Urban District of Biddulph, a mining community, consists of the civil parish of that name. It lies wholly within the administrative County of Stafford, one of the West Midland Counties of England, and occupies its north-west corner adjoining the Cheshire border.

The district has an area of 6,647 acres or a little less than $10\frac{1}{2}$ square miles, plus 30 acres covered by water. The acreage increased by approximately one-third during the fifteen year period 1920-34. There has been no increase in acreage since 1934.

Biddulph is a district of hill and vale. Its chief natural feature is the Biddulph Valley, fan-shaped and embracing two-thirds of the area. The fall of the valley is towards the northern or narrow end and the gradient falls over a distance of approximately $3\frac{1}{2}$ miles from a maximum of 671 feet at the southern end, on the site of the Victoria Colliery, by gradations through 630, 550 and 500 feet in the populous parts of the town to the Cheshire boundary, where it is only 370 feet above the water level at Liverpool.

The east side of the valley rises in a millstone ridge to 1092 feet, and along the conspicuous west side a millstone ridge runs due north attaining a maximum height of 1017 feet above sea level. The western ridge acts as a watershed between the Dane-Weaver-Mersey Rivers' system and the Trent water system. The drainage of the main valley runs to the river Dane and thence by way of the Weaver and the Mersey to the Irish Sea. A strip on the east and west drains to the River Trent. This river has its source on the eastern millstone ridge on Biddulph Moor and runs by way of the River Humber into the North Sea. The elevations of 1017 and 1092 feet and the surrounding hills may be regarded as the most westerly offshoots of the Pennines.

The prevailing winds are south-westerly but most of the district is sheltered from these. It is exposed to northerly and

easterly winds. Snowfalls and deep drifts are common in winter especially on the high easterly boundary.

The North Staffordshire coalfield is triangular in shape with its apex just falling into the Biddulph Valley, and its base extending from 10 to 12 miles south beyond the administrative boundary and including the North Staffordshire "Potteries." The strata rest on the millstone ridges and have a definite dip to the south, although the general surface of the valley slopes towards the northern gap. Originally the grit stones and coal measures were horizontal but now they dip from north to south in the Biddulph Valley where there have been numerous outcrops. The measures of the Biddulph Trough basin are cradled between the two millstone grits.

The district has undergone an industrial urbanisation in the past 70 years and its population has doubled in that period. Taking the census figures alone, the population shows increases from 5,290 in 1881 to 6,247 in 1901, 7,425 in 1911, 7,936 in 1921 and 8,346 at the census of 1931. The Registrar General's mid-year estimate for 1941 was 9,597 and for 1952 10,970. The graph, under Section D, plotting the growth of population and its relation to the number of inhabited houses over the past 24 years shows a population of 8,700 in 1929 with a steady drop in the triennium 1931-33 when "preceding years of industrial unrest and unemployment caused migration to the adjacent rural districts and towns and to the Yorkshire coalfields.—(M.O.H. Annual Report. 1933). The rapid increase in 1934 followed a boundary extension when an adjoining rural parish in the Horton area was added to the original district. The subsequent rises followed the building programmes of 1933-39 and the post-war ones up to the present time.

BIDDULPH URBAN DISTRICT

1952

SECTION A

GENERAL STATISTICS

	1952	1951
Area (in acres)	6,647	6,647
Population (1951 Census) ...	10,898	
Registrar General's mid-year estimate of home population (all ages) including members of the armed forces stationed in the area	10,970	10,820
Number of inhabited houses in the Rate Book at the end of the year	3,150	3,078
Number of persons per acre	1.6	1.6
Rateable value at 1st April, 1952...	£35,595	£34,074
Sum represented by a penny rate (estimated) at 1st April, 1952...	£140.577	£134.935

RAINFALL FOR 1952

These figures were kindly supplied by Mr. W. J. C. Lambert,
Secretary of the Biddulph Grange Orthopædic Hospital.

Month	Rainfall in inches	Month	Rainfall in inches
January	3.86	July	2.17
February	1.46	August	2.36
March	2.57	September	2.80
April	3.46	October	3.77
May	2.45	November	1.96
June	3.09	December	3.52

Total 33.47 inches

SOCIAL CONDITIONS

The population of Biddulph is now almost 11,000. It has been increasing slowly and steadily since 1939 in spite of the cessation of house building during the war years. In the past decade it has risen by one tenth. This expansion has given the local authority many disturbing problems to face. Ambitious housing schemes have been undertaken, water carriage has been modernised and new sources of water and increased storage have been sought. Indeed, schemes to implement the existing water supplies are even now under consideration in anticipation of still further population increases, even up to 14,000 in the next 15 years.

In 1950 a new sewage works had been completed at Marsh Green. Since 1948 some 1,300 persons have been rehoused on the Uplands and Braddocks Hay Housing Estates. These achievements may now seem commonplace with their completion but they are an important phase in the social evolution of the district, for without up-to-date amenities the area would surely decline from depopulation. Being only a phase in the town's development they bring with them new tasks.

In 1952 there has been no shift of emphasis. Rather has it been concentrated this year on the largest housing programme yet undertaken by the local authority, namely, the development of the Park Lane Estate. At Braddocks Hay 24 houses were completed during the year. Only 6 remained unfinished to complete an estate of 248 houses, bungalows and flats. On the Park Lane site work had already begun in August 1951 on the first stage of 600 council houses. 200 of these were under contract at the end of the year. 156 were actually under construction and 30 of them had been completed and tenanted. In addition 334 were specifically earmarked for occupation by miners under arrangements with the National Coal Board Housing Association. In all its schemes the local authority has steadfastly conformed to the principles and practice of good housing standards. It has been specially concerned to follow the tenets laid down in the Housing Manual of 1949 and the 1951 and 1952 Supplements to it issued by the Ministry of Local Government and Planning wherein special attention is directed to the needs of old people, disabled persons, the tuberculous victim and the overcrowded. The design and construction of the new estates satisfy in large measure these needs. The houses have been built to foster community life and are to be regarded as "homes" and not merely as shelters from the weather.

That the tenant should take a pride in his home is a first principle in preserving not merely his self respect but the amenities under which he lives. The council are well aware of this. During the year they have issued a handbook to tenants occupying council

houses. It contains a fund of information in simple terms on how "every tenant shall enjoy the full use and benefit of the premises they occupy." It gives advice on repairs to and maintenance of property and, very wisely, finds space to include gardening notes and hints on first-aid in the home. It bears reading and re-reading by every occupier. No householder could wish a more comprehensive introduction to his new home in order to assist him to make it a healthy and pleasant place in which to live with his family.

In 1952 54 council houses were built. 19 were erected by private builders, making a total of 73 houses completed during the year.

A comprehensive report by the Council's Consulting Water Engineer was under consideration at the end of the year. Schemes were drafted how best to extend the existing facilities to meet the needs of the new estate in Park Lane and how, also, to fulfil the requirements of the area over the next 15 or 20 years. The local authority is fully alive to the requirements of the area and of their obligation to meet these demands with economy. The quality of the existing supplies has in general been satisfactory and no outbreaks of any disease attributable to them. Although no new water mains were laid during the year 5 houses in the rural part of the district and not previously in receipt of piped water supplies were connected to the Council's mains.

Employment has remained steady throughout the year. The great need for coal has kept the local industry in full employment. There is still a high level of female employment. Some 500 women and girls work in the local mills in the manufacture of ribbon, textiles and a variety of small wares such as cotton, threads and yarns. In addition many women and girls from Biddulph are employed in the mills at Congleton. During the spring and early summer there was temporary unemployment in the textile trade throughout the country and many local workers were affected, resulting in short time being worked at some mills. Fortunately, conditions improved and full employment was resumed. At the end of the year employment figures were satisfactory.

EXTRACTS FROM VITAL STATISTICS

1952

COMPARABILITY FACTORS

Births			Deaths		
1.00			1.20		
Live Births			Stillbirths		
	M.	F.		M.	F.
Total ...	76	62	Total ...	2	3
Legitimate	75	61	Legitimate	2	3
Illegitimate	1	1	Illegitimate	—	—

Total Live Births 138

Total Stillbirths 5

	1952		1951
Birth Rate per 1,000 of the population	13.8	...	14.05
Crude adjusted Birth Rate by comparability factor	13.8	...	19.05
Stillbirth Rate per 1,000 of the population	0.45	...	1.00

	M.	F.		
Total Deaths... ..	107	57	50	
Deaths of infants under 1 year	3	2	1	
Death Rate per 1,000 of the population	9.75	...	11.55	
Crude adjusted Death Rate by comparability factor	11.7	...	13.9	
Infantile Mortality Rate	22	...	46	

VITAL STATISTICS.—Form S.D. 30

DEATHS FROM ALL CAUSES—1952

	Male	Female
ALL CAUSES	57	50
Measles	—	—
Whooping Cough	—	—
Diphtheria	—	—
Influenza	1	—
Meningococcal infections	—	—
Acute poliomyelitis	1	—
Tuberculosis of the respiratory system	1	1
Other forms of Tuberculosis	—	—
Syphilitic disease	—	—
Other infective and parasitic diseases	—	—
Cancer—malignant disease	8	8
Leukaemia, aleukaemia	—	—
Coronary disease, angina	8	2
Hypertension with heart disease	1	1
Other heart disease	7	8
Other circulatory disease	2	2
Vascular lesions of nervous system	9	9
Diabetes	—	1
Bronchitis	1	2
Pneumonia	2	2
Other diseases of the respiratory system	1	—
Diarrhoea, gastritis and enteritis	—	—
Ulcer of stomach and duodenum	1	—
Nephritis and nephrosis	4	3
Hyperplasia of prostate	1	—
Pregnancy, childbirth, abortion	—	—
Congenital Malformations	1	2
Suicide	1	—
Motor vehicle accidents	2	—
All other accidents	1	1
Homicide and operations of war	—	—
Other defined and ill-defined diseases	4	8

INFANTILE MORTALITY—Deaths under 1 year of age

No.	Sex		Age	Cause of Death	Date of Death
1		F	1 week	Congenital Atresia of Oesophagus	27th Feb.
2	M		2 months	Pyloric Stenosis	2nd July
3	M		10 weeks	Asphyxia due to vomiting	29th Nov.

**Birth-rates, Death-rates, Analysis of Mortality and Case-rates for
Certain Infectious Diseases in the year 1952. Provisional figures
based on Quarterly Returns**

	Biddulph Urban District	England and Wales	160 County Boroughs & Great Towns (including London)	160 Smaller Towns (Resident population 25,000 - 50,000 at 1951 Census)	London Admini- strative County
Rates per 1,000 Home Population					
Births					
Live births ...	13. 8	15. 3	16. 9	15. 5	17. 6
Still births ...	0.45	0.35	0.43	0.36	0.34
Deaths					
All Causes ...	9.75	11. 3	12. 1	11. 2	12. 6
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	—
Whooping cough	0.00	0.00	0.00	0.00	0.00
Diphtheria ...	0.00	0.00	0.00	0.00	0.00
Tuberculosis ...	0.09	0.24	0.28	0.22	0.31
Influenza ...	0.09	0.04	0.04	0.04	0.05
Smallpox ...	0.00	0.00	—	—	—
Acute poliomyelitis (including polioencephalitis)	0.09	0.01	0.01	0.00	0.01
Pneumonia ...	0.36	0.47	0.52	0.43	0.58
Notifications (Corrected)					
Typhoid fever ..	0.00	0.00	0.00	0.00	0.00
Paratyphoid fever	0.00	0.02	0.02	0.03	0.01
Meningococcal infection	0.09	0.03	0.03	0.03	0.02
Scarlet fever ...	1.45	1.53	1.75	1.58	1.56
Whooping cough	4.46	2.61	2.74	2.57	1.66
Diphtheria ...	0.00	0.01	0.01	0.03	0.01
Erysipelas ...	0.09	0.14	0.15	0.12	0.14
Smallpox ...	0.00	0.00	0.00	0.00	—
Measles... ..	14.93	8.86	10.11	8.49	9.23
Pneumonia... ..	1.91	0.72	0.80	0.62	0.57
Acute poliomyelitis (including polioencephalitis)	0.27	0.06	0.06	0.06	0.06
Paralytic	0.09	0.03	0.03	0.02	0.03
Non-paralytic ...	0.27	0.13	0.16	0.11	0.18
Food Poisoning					

Rates per 1,000 Live Births

Deaths					
All causes under 1 year of age	22.00(a)...	27. 6(a)	31. 2	25. 8	23. 8
Enteritis and diarrhoea under 2 years of age	0.00	1. 1	1. 3	0. 5	0. 7
(a) per 1,000 related live births.					

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Officers of the Local Authority:

- 1.—John Ferguson, M.D., Ch.B., Medical Officer of Health (part-time).
- 2.—Thomas E. Pointon, M.R.San.I., M.S.I.A., Sanitary Inspector (full-time).

The Urban District Council is the sanitary authority responsible for the environmental services. It delegates to its Health Committee "authority and power to institute any proceedings or to do any act which the Council might have instituted or done for the suppression of nuisances and the safeguarding of public health but not the raising of any loans or the making of any rate or contract."

The food byelaws of 1950, to ensure hygienic conditions for the sale and handling of food in food shops, are now in operation. The Sanitary Inspector has been able to supervise the enforcement of these byelaws this year. Frequent inspections will be made regularly in the future. One practical step to a higher standard of food hygiene was taken in 1952, namely, the request to customers not to take dogs into shops unless on a lead. A notice to this effect is displayed in all food premises in the Urban District and has the full co-operation of the food trade. An appeal is made to the public to continue to co-operate. If they wish to see their food handled hygienically, they should abstain from any act likely to contaminate their food, such as coughing and sneezing on food displayed in shops, or handling unnecessarily articles of food which other people may wish to purchase. Too often the would-be consumer's hands are far less clean than the shopkeeper's and too often children and domestic pets are allowed to stray round food shops unattended, displaying a curiosity detrimental to the maintenance of clean food.

The local authority has no major responsibilities under the National Health Service Act, 1946. The sanitary administration of the district has not been altered by it. The County Council is both Local Health and Local Sanitary Authority as well as Local Education Authority. It has assumed new and diverse responsibilities under the Act. It is responsible for the following services: maternity and child welfare, domiciliary midwifery, vaccination and immunisation, an ambulance service, a health visiting service, the administration of the Mental Services, "care and after care" and the provision of home nursing and "home helps." Section 21 of the Act imposes on the County Council the duty of providing Health Centres.

The following are the principal services provided by the County Council and utilised by the inhabitants of the Urban District.

1. Ambulance Services (Section 27).

There is one ambulance and one sitting car and a staff of five, consisting of a section leader and four drivers. The local ambulance station is situated on Council premises which have been made available for the use of the Local Health Authority.

2. Laboratory Facilities (Part, Section 28).

Biddulph is served by the Public Health Laboratory Service, Stafford. This is directed by the Medical Research Council for the Ministry of Health. It is a component of a national laboratory service for England and Wales. The work of the Laboratory is designed to assist the Medical Officer of Health and the general practitioners in the diagnosis, prevention and control of communicable diseases. Its activities include the examination of throat and nose swabs, sputum, blood and excreta as aids to diagnosis. It undertakes the bacteriological examination of drinking water, the sampling of milk for cleanliness and for the presence of the tubercle bacillus and other pathogenic organisms, and the sampling of ice cream and other food stuffs as distributed to the public. Its staff is available to participate in the investigation of outbreaks of infectious disease in the area which it serves.

In 1952 the laboratory service examined only two throat swabs, one of which showed haemolytic streptococci. 12 specimens of faeces were examined; 5 showed organisms of the salmonella group of which 3 were positive to paratyphoid B and 2 to food poisoning organisms. 73 sputum tests were carried out for the tubercle bacillus on samples sent by general practitioners and by the tuberculosis officer. 12 were positive to tuberculosis. The laboratory examined on behalf of the County Council, through its milk sampling officer, samples of milk sold retail within the Urban District. It reported on the biological tests for tuberculosis on 162 samples submitted. 134 were undesignated samples; 21 were from T.T. herds, 3 were designated accredited milk, and 4 were pasteurised. Only 2 samples were positive this year to tuberculosis compared with 4 in 1951. In each case notices were served on the farmer prohibiting the sale of milk retail unless heat-treated for a period of approximately six weeks, i.e., until biological sampling was negative. The County Council sampling officer also submitted to the laboratory during the year 165 samples of milk for bacteriological examination for cleanliness. 25 samples (or 21 per cent.) failed to pass a cleanliness test. In 1952 the percentage was 18 and again the majority of unsatisfactory samples were in the warm conditions of September.

The laboratory undertakes, in the prevention of disease, the distribution of diphtheria prophylactic and calf lymph for smallpox vaccination. It makes available measles prophylactic for the passive immunisation of contacts and distributes outfits for the collection of pathological material. Full use is made by this authority and by local medical practitioners of all the facilities which the service offers.

3. Maternity, Home Nursing and Domestic Help Services (Sections 23, 25 and 29)

There are two County Council midwives and one district nurse. One of the midwives combines general home nursing in the Biddulph Moor area. The appointment of a district nurse for Biddulph in September 1948 was the first of its kind for 25 years and was a measure of the total inadequacy of the home nursing service prior to the inception of the Act. The Leek Area Health Committee, under Section 29, is responsible for the appointments of domestic helps. Two were available for most of the year. Their function is to give assistance in the home during the incapacity of a wife or mother and they do not undertake any duties of a nursing character.

The County Council is responsible, as before, for the other special health services, viz.: Maternity and Child Welfare, School Medical Service and Tuberculosis. There are two Health Visitors available for Ante-Natal work and for the supervision of nursing mothers and school children. One has, in addition, duties under the direction of the Tuberculosis Officer.

4 Hospitals.

Some alterations in hospital facilities have occurred since the inception of the new service on July 5th, 1948. The following hospitals are available for various forms of treatment—general, acute and chronic sanatoria, mental and infectious diseases—North Staffordshire Royal Infirmary; Haywood Hospital; Orthopaedic Hospital, Hartshill; Congleton War Memorial Hospital; Longton Cottage Hospital; City General Hospital, Stoke-on-Trent; Moorlands Hospital, Leek; Cheadle Hospital; Westcliffe Hospital, Chell; Groundslow and Prestwood Sanatoria; St. Edward's Hospital, Leek. Two additional hospitals have thus been made available for the inhabitants of this district, City General Hospital, Stoke-on-Trent and Westcliffe Hospital, Chell; one for the acutely ill and the other for the chronic sick. All except the War Memorial Hospital, Congleton, are administered by the Birmingham Regional Hospital Board through the Stoke-on-Trent Area Management Committee. The Congleton one is in the area of the Manchester Regional Hospital Board and administered by the Macclesfield and District Hospital Management Committee. Geographical hospital boundaries have thus been greatly widened by the Regional arrangements under the Act and, as far as this district is concerned, have made the problem of finding hospital accommodation for the acutely sick a little less difficult than in many parts of the country. The problem of the disposal of the chronic sick and of those in need of sanatorium treatment has increased.

The long association of this district with West Heath Isolation Hospital, Congleton (now re-named the Heath Home) for the reception of infectious diseases cases ceased in August, 1949, when that hospital was converted into an institution for the care of the chronic sick by

the Manchester Regional Hospital Board. Since then facilities have been made available at Bucknall Isolation Hospital, Stoke-on-Trent, within the area of the Birmingham Regional Hospital Board, for dealing with cases of infectious diseases from this area. Arrangements for their reception are made through the local Medical Officer of Health and the local ambulance service is responsible for their transport.

Maternity cases, in an emergency, are received at the North Staffordshire Royal Infirmary and the City General Hospital, Stoke-on-Trent. Part of the maternity wing of the Haywood Hospital is now available for normal cases without charge and part is still on a fee-paying basis. There are four maternity amenity beds at Congleton War Memorial Hospital, at nominal cost.

The Biddulph Grange Orthopaedic Hospital, the only one within the Urban District, is under the control of the Stoke-on-Trent Hospital Management Committee and is available for the treatment of orthopaedic cases from the Biddulph Urban District at the discretion of the orthopaedic consultant in charge. Local children have received treatment here during 1952.

5. Mortuary.

The Council's mortuary is situated in Wharf Road. Essential equipment is provided by the local authority and a mortuary attendant is available when required. The mortuary was not used in 1952.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

Water Supplies

The yield from all sources maintained a satisfactory level throughout the year and it is gratifying to report that the supply has been constant to all areas.

The Council's policy of renewing defective water mains was continued throughout the year and approval was given by the Ministry to the renewal of mains at Black Bull, Brown Lees, Gillow Heath, Station Road and Albert Street. A commencing date for these renewals was given to enable the work to be commenced early in 1953.

A mains supply to Lask Edge and Gadshill districts, at present dependent on springs and wells, is still under consideration.

As a result of the Council's expanding housing programme, which provides for approximately 600 houses on the Park Lane site, steps have been taken to provide additional pumping plant and to augment the mains system supplying the Park Lane area.

A table is given of the average yield of water from the chief sources of the Council's supplies.

MONTHLY YIELD OF WATER SUPPLIES AT SOURCE

(24 hours)

1952	Biddulph Park		Emhurst		Nettlebeds	
	Springs		Borehole and Well		Actual	
	Estimated		Actual		Actual	
January	94,000	gals....	179,000	gals....	30,000	gals.
February	94,000	" ...	198,000	" ...	30,000	"
March	94,000	" ...	193,000	" ...	30,000	"
April	94,000	" ...	162,000	" ...	30,000	"
May	94,000	" ...	175,000	" ...	30,000	"
	Actual					
June	85,000	" ...	213,000	" ...	27,000	"
July	79,000	" ...	196,000	" ...	23,000	"
August	74,000	" ...	224,000	" ...	23,000	"
September	86,000	" ...	228,000	" ...	19,000	"
October	72,000	" ...	217,000	" ...	16,000	"
November	73,000	" ...	212,000	" ...	25,000	"
December	72,000	" ...	230,000	" ...	25,000	"

3015 houses have a piped supply direct to the premises. There are 135 houses without a piped supply. 95.7 per cent. of the population is thus receiving water from public mains.

Quality

(1) BACTERIOLOGICAL.—The quality of water from the Council's main sources of supply continues to be satisfactory. 25 samples were taken for bacteriological examination, 13 from raw supplies and 12 from piped supplies. Only one sample, from the Whitemoor piped supply, was reported as below standard; this sample contained 5 presumptive coli per 100 millilitres (100 per cent. non-faecal), a number greater than 2 per 100 millilitres being considered unsatisfactory.

(2) CHEMICAL.—Samples of water from the Council's supply were generally satisfactory, apart from the waters in the Biddulph Park distribution area. These still have a solvent action on lead. 15 samples were taken for chemical analysis, 5 from raw supplies and 10 from piped supplies. Provisions to deal with this solvency problem have been included in the new water schemes at present being considered by the Council.

The Nettlebeds supply also has a solvent and erosive action on lead. This water has, for several years, been subject to treatment with lime before being pumped into the distribution system.

Samples of water were also taken from three sources of supply other than main supplies, two from springs and one from a public well. The reports on these samples showed that the water from the springs was satisfactory and water from the well unsatisfactory. The Council is considering extending the main piped supply to the area taking its supply from the public well. This indicates another instance of the Local Authority's wish to see the rural parts of the district given a piped supply. Its difficulty is conditioned by distance and expense.

BIDDULPH PARK DISTRIBUTION AREA

SOURCE	RAW SUPPLY			PIPED SUPPLY	
	Bact.	Chem.	REMARKS	Bact.	Chem.
Spring—N. side Biddulph Park Reservoir	3	—	Satisfactory	6	6
Spring—E. side Biddulph Park Reservoir	3	—	Satisfactory		
Elmhurst Well	1	—	Satisfactory		
Elmhurst Borehole	3	3	Satisfactory		
			WHITEMOOR DISTRIBUTION AREA	2	2
					1 Bacteriological sample reported as unsatisfactory. 5 presumptive coli per 100 ml. (100% non faecal).

NETTLEBEDS WELL DISTRIBUTION AREA

SOURCE	RAW SUPPLY			PIPED SUPPLY	
	Bact.	Chem.	REMARKS	Bact.	Chem.
Nettlebeds Well	3	2	Satisfactory	4	2
					Satisfactory

Sewerage and Sewage Disposal

The enlarged and improved sewage works, completed in 1950, have in general been working efficiently. The effluent has been satisfactory and no complaints of pollution have been received.

The Council's conversion scheme, by which it is intended to convert approximately 700 pail closets and privies to water closets, was approved by the Ministry of Health during 1951 and the commencing date determined was 1st August, 1951. A beginning was made in the Brown Lees area on that date and by the end of 1952 steady and satisfactory progress was being made. During the year under review 227 conversions were completed, making a total of 263 completed since the scheme commenced.

The conversion of 700 properties is in itself an ambitious undertaking and one that will necessitate a considerable financial outlay by the Council, at present estimated at approximately £10,000. The local authority is responsible for 50 per cent. of the reasonable cost of each conversion. The scheme is regarded as a necessity so that the properties concerned may be brought into line with modern conceptions of sanitation. Although the cost to the authority will be heavy, there has already been a saving in the cost of nightsoil collection, as the figures for 1952 show.

The scheme was estimated to take 4 years to complete. At the present rate of progress it is anticipated that it will be completed well within this period. It has entailed a large additional amount of work for the Sanitary Inspector. In view of this and in order that the other statutory duties of the Inspector be not neglected in consequence, the Council has provided clerical assistance to the Sanitary Inspector.

A total of 173 Preliminary Notices and 90 Statutory Notices was served in connection with the scheme and 1901 visits and inspections were made.

Closet Accommodation

	1952		1951
Number of houses served by water closets	2339	...	2040
Number of houses served by waste water closets	1	...	1
Number of houses served by privies	23	...	35
Number of houses served by privy pails	787	...	1002

Particulars of conversions made during the year:—

Pails converted to water closets	215	...	85
Privies converted to water closets	12	...	1
Privies converted to pail closets	—	...	2

Rivers and Streams

New legislation came into force on 1st October, 1951, concerning the pollution of rivers and streams, namely, The Rivers (Prevention of Pollution) Act, 1951, which is enforced by River Boards established under the River Boards Act, 1948, by the Minister of Health and Minister of Agriculture and Fisheries.

Public Conveniences

There are two public conveniences, one in Wharf Road for males and one in High Street for females.

Refuse Collection and Disposal

The collection and disposal of house refuse and nightsoil are carried out by direct labour. House refuse is collected by a Dennis 10 cubic yard motor vehicle. A weekly service is given to all but the outlying parts of the district, which receive a fortnightly collection. Salvage is collected at the same time as refuse, a trailer being used for the purpose.

Only one refuse collection vehicle is owned by the Council and as a result of the increasing number of new houses requiring service, it has been necessary to use a vehicle from the Surveyor's department for one day per fortnight. When the Park Lane estate of approximately 600 houses is completed, together with houses built by private enterprise, serious consideration will have to be given to the question of additional transport.

Disposal of house refuse is by controlled tipping. The Council's tip in Wharf Road, which has been used for many years, was completed early in the year. A new tip situated at Black Bull and leased by the Council was commenced in February, 1952. This will provide adequate tipping facilities for several years.

Nightsoil is collected by motor vehicle specially adapted for the purpose and a weekly service is given to most parts of the district. The whole of the nightsoil collection by this vehicle is tipped into the main sewer.

Salvage

The demand for waste paper was reduced during the year. In June the paper mills found it necessary to limit the amount of waste paper received from local authorities. Our quota was reduced to 9 tons per month compared with a previous average of 12 tons per month. The reduced demand was also reflected in the price, which fell from £16 per ton at the beginning of the year to £7 10s. per ton at 31st December. Nevertheless, our collection arrangements continued and during the year 1952 127 tons of waste paper, valued at £1,351, were sold.

Salvaged materials valued at £1,051 were sold during the financial year ended 31st March, 1953, compared with £2,310 for the previous financial year. A net profit of £210 was made. Details of sales were as follows:—

	Tons.	Cwts.	£	s.	d.
Waste Paper... ..	119	9	969	0	2
Textiles	2	5	30	14	6
Scrap Metal	3	17	17	12	0
Kitchen Waste	11	15	33	17	11
	137	6	£1051	4	7

During the seven years April, 1946 to March 1953, salvage to the value of £6,586 has been sold.

SANITARY INSPECTION OF THE AREA

The following is a summary of the principal work undertaken under the Public Health Acts, etc., during the year. 154 complaints were received and investigated, 46 of which referred to nightsoil collection. 58 Preliminary Notices and 15 Statutory Notices were served.

Inspections made with respect to	Number of Inspections	Nuisances or defects reported	Re-visits made	Nuisances or defects remedied
P.H.A.—				
Housing defects	127	167	129	86
Water Supply ...	29	—	—	—
Drains—				
Inspected or tested	139	32	184	29
Conversion Scheme	275	—	1626	—
Sewers ...	70	17	—	17
Refuse Accommodation	12	8	13	6
Keeping of				
animals	10	—	—	—
Rats & Mice Act	117	22	209	22
Public Conveniences	6	1	4	1

Other Visits:—

Respecting infectious diseases ...	32
Respecting disinfection ...	20
Respecting refuse and nightsoil collection ...	217
Respecting salvage ...	26
Respecting schools, public buildings, cinemas, etc. ...	8
Miscellaneous visits ...	180
Interviews—owners and tradesmen ...	81

Tents, Vans and Sheds

There are no licenced sites or tents, vans and sheds in the area. A site in the centre of the town area continued to be used during the year for the stationing of trailer caravans and an application for a licence for the site was refused by the Council and by the Town Planning authority. Steps are being taken by the Council to have the site cleared. 63 visits and inspections were made.

Rats and Mice Destruction

The Prevention of Damage by Pests Act, 1949, came into operation on 1st April, 1950, and repealed the Rats and Mice Destruction Act, 1919, which gave certain additional powers to local authorities. They are now responsible for ensuring as far as practicable that their districts are kept free from rats and mice. 15 notifica-

tions of the presence of rats and mice were received by the authority and the necessary treatments were carried out, either by the Council's rodent operative or by the occupiers, in co-operation with the authority.

Inspections of the district were made by the Council's operative and 76 visits were made by him. Minor infestations were found on 22 premises, of which 12 were agricultural properties.

Two further maintenance treatments of the Council's sewers were carried out, revealing little evidence of rats. The refuse tip and sewage works were treated regularly with good results.

Shops Act

The Staffordshire County Council has delegated its powers under the Shops Act, with certain reservations as to hours of closing, to this authority. The Sanitary Inspector carries out the duties of Shops' Inspector.

There are 152 premises coming within the provisions of the Shops Act. It was found that generally the provisions of the Act were being complied with. Very few shops remain open as late as the permitted hours, which in this district are as late as the Shops Act permit. Only a few shops in the area have employees and no contraventions of the Act, concerning working hours, half day closing, etc., were found.

During the year the Council made two Orders, one fixing Friday as the "late day" for closing purposes and the other varying the hours of closing at Christmas.

Verminous Premises

No verminous premises were found during the year.

FACTORIES ACT, 1937

1. Inspections

Premises	Number on Register	Number of	
		Inspections	Written Notices
(i) Factories without mechanical power (S.1.2.3.4.6.)	2	2	—
(ii) Factories with mechanical power (S.7)	35	20	—
(iii) Other premises under the Act (excluding out- workers' premises)	2	2	—
(iv) Outworkers	10	—	—
Total ...	49	24	—

2. Cases in which Defects were Found

Particulars	Defects Found	Defects Remedied	Referred by H.M. Inspector
Want of cleanliness (S.1)	—	—	—
Overcrowding (S.2)	—	—	—
Unreasonable tempera- ture (S.3)	—	—	—
Inadequate ventilation (S.4)	—	—	—
Ineffective drainage of floors (S.6)	—	—	—
Sanitary Conveniences (S.7):			
(a) Insufficient	—	—	—
(b) Unsuitable or defective	1	1	1
(c) Not separate for sexes	—	—	—
Other offences	—	—	—
Total ...	1	1	1

BIDDULPH URBAN DISTRICT

POPULATION AND INHABITED HOUSES

1929 - 1952

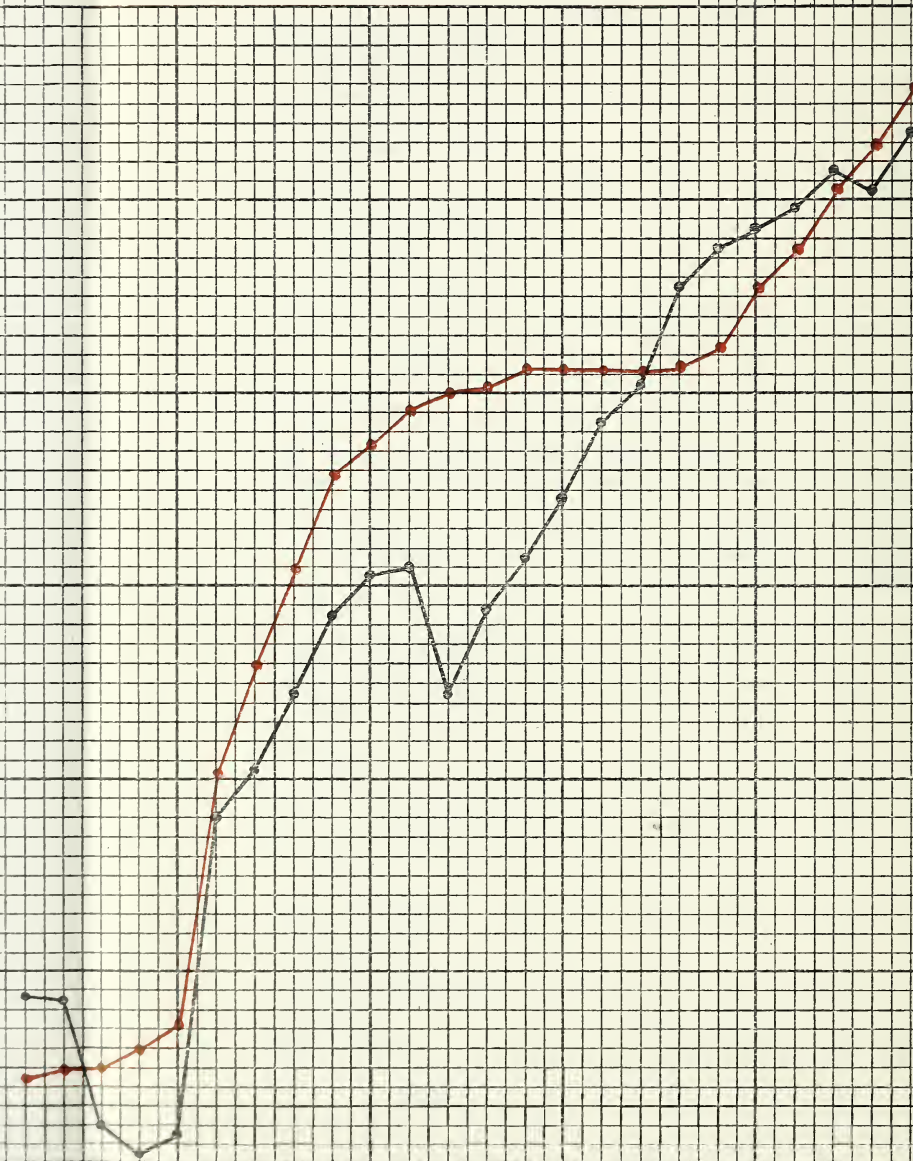
Registrar-General's Mid-Year Estimates —●—

Number of Inhabited Houses —●—

HOUSES POPULATION

3150 11000
3100 10900
3050 10800
3000 10700
2950 10600
2900 10500
2850 10400
2800 10300
2750 10200
2700 10100
2650 10000
2600 9900
2550 9800
2500 9700
2450 9600
2400 9500
2350 9400
2300 9300
2250 9200
2200 9100
2150 9000
2100 8900
2050 8800
2000 8700
1950 8600
1900 8500
1850 8400
1800 8300
1750 8200

1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952



SECTION D—Housing

Number of houses erected by Private Enterprise... ..	19
Number of houses erected by Local Authority	54
	—
Total ...	73
	—

1. Inspection of Dwelling Houses

1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	127
(b) Number of inspections for the purpose	129
2. (a) Number of dwelling houses [included under Sub-head (1) above] which were inspected and recorded under the Housing Consolidated Regulations... ..	—
(b) Number of inspections made for the purpose ...	11
3. (a) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(b) Number [excluding those in sub-head 3 (a) above] found not to be in all respects reasonably fit for human habitation	31

2. Remedy of defects during the year without the Service of Formal Notices

Number of dwelling houses where defects were remedied	30
---	----

3. Action under Statutory Powers

(a) Notices served under Section 9 of the Housing Act, 1936... ..	—
(b) Notices served under Public Health Acts requiring defects to be remedied	3
(c) Number of houses rendered fit after service of Formal Notices... ..	3
(d) Proceedings under Sections 11 and 13 of the Housing Act, 1936... ..	—
(e) Number of houses included under sub-head 3 (d) above, in respect of which an undertaking was accepted by the Council... ..	—
(f) Number of unfit houses demolished	1

4. Housing Act, 1936—Part IV.—Overcrowding

No definite information is available of the number of families living under overcrowded conditions, apart from applicants for Council houses whose conditions are known. Many of the 346 Council houses completed since the war have been allocated to overcrowded families and very little serious overcrowding now exists. Despite the Council's housing programme the number of applicants for houses varies very little from year to year. There were 526 on the waiting lists at the end of 1952. It is obvious, therefore, that it will be some time before the housing needs of the district are satisfied. The Park Lane estate of approximately 600 houses will, however, go a long way towards meeting those requirements. It is hoped that during the progress of this site sufficient houses will be available to enable a number of families to be rehoused from unfit property.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

The bulk of the milk consumed in the district is supplied by producer retailers, whose premises are registered with the Ministry of Agriculture and Fisheries.

Sampling of milk for cleanliness, biological testing and for analysis under the Food and Drugs Acts is carried out by the Staffordshire County Council through its Milk Sampling Officer.

The number of licences issued under the various regulations for special designated milks is as follows:—

Dealers Licences for Tuberculin Tested Milk	4
Supplementary Licences for Tuberculin Tested Milk	3
Dealers Licences for Pasteurised Milk	4
Dealers Licences for Sterilised Milk... ..	13
Supplementary Licences for Pasteurised Milk... ..	2

A total of 17 visits was made to farms, dairies and milk shops.

Meat and Other Foods

All home killed and imported meat for human consumption in the area is distributed from Stoke-on-Trent and is inspected there.

There are three licenced slaughter houses in the area. The use of these has been suspended since the early part of the last war, except for occasional use under licence.

There are 15 men licenced to slaughter animals in accordance with the Slaughter of Animals Act 1933.

A total of 15 pigs was inspected. The following food was surrendered as unfit for human consumption:—

English Beef	23 lbs.
English Pork	26 lbs.
Tinned Ham	56 lbs
Bacon	36 lbs.
Butter	45 lbs.
Cheese	21 lbs.
Miscellaneous	16 lbs.

The sampling of food and drugs under the Food and Drugs Acts is carried out by the Staffordshire County Council.

The importance of clean food has received considerable publicity during the past two or three years and every advantage has been taken during routine inspections of the various types of food premises to impress on all concerned their responsibilities to the public. It is pleasing to be able to report that traders, shop keepers, food handlers, etc., are always willing to co-operate in this important matter. Although considerable improvement has been made in the

methods of preparing and handling food, constant vigilance is still necessary to ensure that these improvements are maintained.

It is to be regretted that despite this publicity on clean food and despite the efforts of food traders to present to the public a clean and wholesome article of food, quite often these same articles of food are left exposed to various forms of contamination in the home, suggesting that further education of the general public in these matters is necessary. Advantage could be taken during the later years of school life to impress upon the school leaver, who may be a future food handler or a housewife, the importance of clean food.

Ice Cream and Preserved Food Premises

There are 12 premises registered for the manufacture and sale of ice cream, 19 premises registered for the sale only of ice cream and 14 premises registered for the manufacture and sale of preserved food. Of the 12 ice cream manufacturers only 3 produce a heat treated ice cream; the remaining manufacturers produce a cold mix. The requirements of the Heat Treatment Regulations concerning ice cream appear to have resulted in the small manufacturer deciding that it is more economical to produce a cold mix or to buy a pre-packed article ready for retail sale.

18 samples of ice cream were taken during the season and submitted to the Methylene Blue Test. 10 were from manufacturers within the area and 8 from manufacturers retailing in the area. Results of the bacteriological tests were as follows:—

Grade	Manufactured within the area		Manufactured outside the area	
	Hot Mix	Cold Mix	Hot Mix	Cold Mix
Provisional				
Grade 1 ...	4	4	3	—
Grade 2 ...	1	—	2	—
Grade 3 ...	—	—	1	—
Grade 4 ...	1	—	2	—
Totals ...	6	4	8	—

The results of these samples reveal that, as in previous years, no difficulty was experienced by manufacturers of cold mix ice cream in producing a satisfactory product.

The following is a summary of inspections made of various food premises:—

Ice Cream Shops	37
Food Preparing Premises	17
Butchers Shops	9
General Food Premises	33
Bakehouses	11
Slaughterhouses	8

SECTION F

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The statutory notifications relate to the corrected notifiable infectious diseases for the calendar year ending 31st December, 1952. Under the Public Health Act 1936, the Food and Drugs Act 1938, the new Regulations of 1949 and 1951 and the Public Health (Tuberculosis) Regulations 1952, 60 cases of infectious diseases were notified compared with 69 in 1951 and 66 in 1950. The low prevalence of scarlet fever (16 cases) has again contributed to the stable notification figures in the past four years. Under the Measles and Whooping Cough Regulations 1940, 154 cases of measles and 49 of whooping cough were notified. The table of the notifiable infectious diseases appears opposite page 33 and relates to the final numbers by age and sex received after corrections. The appropriate corrections were notified in all cases this year by the Medical Superintendent of the hospital to which the patient was admitted.

Notifications in this area is in the main prompt and satisfactory. There are ample hospital facilities for the reception of every type of infectious case. Hospital removal is arranged by the general practitioners or by the Medical Officer of Health and the local Ambulance Service is responsible for transport.

Measles was the only statutory notifiable disease to reach epidemic incidence during the year. The epidemic prevalence of 1951 (204 cases) was carried over into 1952. There was no abatement for the first 6 months, 129 cases being reported between January and June. Measles is among the commonest of the acute exanthems and few escape attacks in urban conditions of life. An analysis of the notification figures this year shows the maximal age incidence to be in the 5—14 age group, that is among school children and fortunately not amongst infants and the pre-school child when the case mortality is always higher. 96 cases (or 62 per cent.) occurred among school children, the greatest prevalence being at Biddulph Central School with 56 cases and the lowest at Knypersley Modern Girls School with 3 cases. Among the pre-school group (1—4 years) 47 cases were notified and two from this age group were admitted to hospital because of complications. These were the only hospital admissions and there was no mortality. 47 cases were notified during the first quarter, including a small outbreak at Biddulph Grange Orthopaedic Hospital where passive immunisation was successfully practised. 15 cases from Biddulph Moor were notified during this period and were mostly household contacts. The outbreak reached its peak during the second quarter with 82 cases and only 24 more notifications were received in the second six months of the year. It would appear that the number of susceptibles

was maximal during the second quarter and the attack rate greatest in such semi-closed communities as the schools. There has been practically no inter-epidemic period of this disease in the Biddulph area for 3 years. We may hope for a lessened incidence for a year or two. New "susceptibles" appear to be exhausted for the time being. The disease was never of a virulent type and the chest and other complications seem to have been well controlled by antibiotics. In domiciliary practice only 3 cases have been passively immunised.

Whooping cough produced 49 cases throughout the year. The peak period was reached during April and May when 40 cases were notified, 22 among school children dwelling in the more populous central area of the town. Fortunately only one case was notified under one year of age but there were 19 cases among pre-school children. There were no hospital admissions and no case mortality. The usual seasonal incidence during winter and spring prevailed and there were no notifications after June. The prevalence of whooping cough declined in 1952 compared with 1951 when there were 94 cases. This decline is satisfactory but whooping cough still remains a major epidemiological problem. Its prevention is unsatisfactory, its early diagnosis difficult. It is highly infectious and no specific cure has yet been found. The most satisfactory feature locally in past years is its low mortality. This is attributable to the better control of the complications of the disease by modern therapy. It is to be expected from the world-wide distribution of the disease that large epidemics will occur at irregular intervals without total elimination of the disease between these outbreaks. The local sex incidence this year is a reversal of the common statistical one, males predominating over females in the ratio of 7 to 5.

It has been a quiet year for the scarlet fever syndrome. There were 16 cases only and the corrected quarterly notifications were respectively 2, 4, 3 and 7. No case occurred above the age of 9 years, a period of life which includes the main age groups (3—10 years) into which scarlet fever falls. 12 cases were admitted to Bucknall Isolation Hospital, Stoke-on-Trent, and 4 were nursed satisfactorily at home. There were no complications from the disease and no return cases. The clinical severity of this disease has declined remarkably over the past 10 years or so. The control of its sequelæ made possible by penicillin postulates a reversal of the trend away from the hospitalization of all cases towards home treatment whilst the present mild cycle remains. It has long been the custom in this district, as in many others, to send the majority of cases of scarlet fever into hospital—and custom dies hard! In a previous report (M.O.H. Annual Report 1945, p. 16) I wrote in discussing scarlet fever: "No doubt the word 'fever' conjures up images to the laity of illness of a very severe kind. This is not always so and is often a relic of past lay and, indeed, medical anxieties, when large families and overcrowding in bad surround-

There were 3 deaths of which one was a primary case notified during the year. The numbers are not declining. They cannot give rise to any feelings of complacency; indeed they are little better than those of scarlet fever and are of much more serious import. Tuberculosis brings long periods of incarceration in hospital, longer periods of incapacity for work, often tragedy to a home through disruption of work and earning capacity. Important advances have nevertheless been made in recent years in the tuberculosis services: there is closer liaison with the general hospital services and a better integration with those public health services responsible for such important preventive measures as good housing and clean milk; there are shorter days in hospital admissions; therapeutic advances with new drugs make home treatment possible pending admission to hospital; surgery has now an established place in treatment and mass radiography detects many cases which would otherwise never have direct access to radiological facilities. All these lines of attack aim at reducing mortality and morbidity rates; some of them, such as clean milk supplies, prevent some forms of the disease altogether. If we are not to tolerate the increasing prevalence of this preventable disease we must see that all methods are made available and the public made aware of their responsibilities. Any scheme for the prevention, treatment and cure of tuberculosis needs their co-operation.

Diphtheria was again conspicuous by its absence. It has long since ceased to be a major zymotic disease and bids fair to disappear from infectious diseases records. Therein lies the danger for, like tuberculosis, it is a preventable disease but, unlike tuberculosis, there is for practical purposes a sure and safe method of prevention. The safeguard is immunisation. Parents should be constantly reminded that the immunisation of their children should not be neglected. There is still some diphtheria about the country. To protect one's child is to protect other people's children. Many thousands of lives have been saved in the past ten years since immunisation was first made available on a mass scale. Facilities are available locally to all infants and school children. The best times are at 8 or 9 months old with a reinforcing dose on entry into school at 5 years. Sessions are held by the patient's own doctor or at the infant welfare and school clinic. There is close liaison with the County Council who are the authority responsible for the scheme. During 1952 110 children were immunised at ages 1—4 years but only 10 children were protected under 1 year. 13 received primary immunisation between the ages of 5 and 14 years and a further 13 were given a reinforcing or "boosting" dose. There has been a small drop in the under school age immunisations. The figures for school age children protected look poor by comparison with those for 1951 (568) which, however, included some arrears. The Area Medical Officer hopes to be able in 1953 to institute a drive through the schools to increase primary immunisations and to continue protection among older school children by ensuring reinforcing

NOTIFIABLE INFECTIOUS DISEASES, 1952, BY SEX AND AGE GROUPS

Ages, etc.		Scarlet Fever		Whooping Cough		Acute poliomyelitis Paralytic		Non-Paralytic		Measles (excluding rubella)		Diphtheria	
Numbers originally notified		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Civilians (all ages)		6	11	28	21	2	1	1	0	71	83	—	—
Final numbers after correction													
Civilians—													
0				1						3	5		
1		1	1	3	1					17	13		
3		1	4	7	8					14	22		
5		4	5	17	12	1				36	39		
10								1			2		
15							1			1	1		
25 and over						1					1		
Age unknown													
Total civilians		6	10	28	21	2	1	1		71	83	—	—

Ages, etc.		Ac. Pneumonia		Food Poisoning		Smallpox		Ac. Encephalitis		Enteric or Typhoid Fever		Paratyphoid Fever	
Numbers originally notified		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Civilians (all ages)		11	10	2	1	—	—	—	—	—	—	1	1
Final numbers after correction													
Civilians—													
0													
5		3	2										
15		3	1	1	1							1	1
45		3	4	1									
65 and over		2	3										
Age unknown													
Total civilians		11	10	2	1	—	—	—	—	—	—	1	1

Ages, etc.		Erysipelas		Meningococcal infection		Other Notifiable Diseases		Originally Notified		Final Numbers after correction	
Numbers originally notified		M.	F.	M.	F.	Civilians—		M.	F.	M.	F.
Civilians (all ages)			1		1	Puerperal pyrexia		—	—	—	—
Final numbers after correction						Ophthalmia neonatorum			1		1
Civilians—											
0					1						
5											
15			1								
45											
65 and over											
Age unknown											
Total civilians		—	1	—	1						

dosage. The total pre-school age children who, at 31st December, 1952, had, according to the Area Medical Officer's records, received a course of primary immunisation was 479 and the total school age (5—14) protected was 1,318. Basing a percentage for 1952 on the mid-1951 population the percentages would be (a) pre-school children 51.34; (b) ages 5—14 91.31. It has always been very difficult to arrive at an accurate percentage of pre-school immunisations but the school figures are more easily checked. Biddulph has in the past 10 years always shown more than 90 per cent. of the school population immunised against diphtheria.

Among the non-notifiable diseases chicken-pox was epidemic among school children during June and July. Being non-notifiable it is poorly reported and no accurate case incidence is available.

There were no other infectious diseases of any consequence during the year and no school closure was considered necessary.

SCHOOL NOTIFICATIONS OF ACTUAL AND SUSPECTED ILLNESS AND CONTACTS

1952

School	Scarlet Fever	Diphtheria	Measles	German Measles	Whooping Cough	Varicella	Mumps	Poliomyelitis
Biddulph Central								
County Primary	2	..	1	..	..	46	..	1
Biddulph Central								
Infants	12	..	38	..	25	113	17	1
Knypersley Secondary								
Modern Girls	..	..	..	..	..	..	..	..
Knypersley								
County Primary	..	..	..	..	..	..	..	1
Biddulph Moor								
County Primary	..	..	..	..	..	..	..	..
Biddulph North								
County Primary	..	..	9	1	..	34	20	..
Totals...	14	..	48	1	25	193	37	3

I am obliged to the Head Teachers of the various schools for the promptitude with which I am apprised of cases of actual and suspected infectious disease, especially of those cases which are not officially notifiable, viz.: Chicken-pox, German measles, etc. Apart from measles the small numbers compare with the low figures of infectious diseases among school children during the year. No school closure was necessary during the year because of any infectious disease.

TUBERCULOSIS

New Cases and Mortality during 1952

Age Periods	New Cases 13				Deaths 3			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-1	—	—	—	—	—	—	—	—
1-5	—	1	1	—	—	—	—	—
5-15	—	2	1	1	—	—	—	—
15-25	2	1	—	—	—	—	—	—
25-35	1	—	—	—	—	—	—	—
35-45	—	—	—	1	1	—	1	—
45-55	1	—	—	—	—	—	—	—
55-65	—	1	—	—	—	—	—	—
65 & upwards ...	—	—	—	—	—	1	—	—
Totals	4	5	2	2	1	1	1	—

Biddulph Maternity and Child Welfare Centre

(Staffordshire County Council—Leek Area Health Committee)

1952

Attendance at Infant Welfare Centre

(Thursday, 1.30 p.m.—4.0 p.m.)

	Children under 1 year	Children over 1 year
First Attendances... ..	64	16
Total Attendances... ..	909	482
Number of children examined by Doctor...		141

Health Visiting

	Children under 1 year	Children over 1 year
First Visits... ..	158	26
Re-visits	1076	1875

Ante-Natal Clinic

(alternate Tuesdays 10.0 a.m. to 12.0 noon)

Attendance for first time (New Patients)	4
Total Attendance... ..	15
Special sessions were discontinued)	

N. WHITAKER,

R. A. CARTLIDGE.

G. S. Hagston,
Printer,
Biddulph
